

Troop 24 Parent Authorization 2010-2011

This parent authorization is valid for participation in Scouting events (unit activities, camping, local and national scout events) for 12 months after the date signed by the parent/guardian.

Scout's Name _____

I give permission for my scout/son (or ward) to participate in all Troop-sponsored scouting activities.

If I cannot be reached in an emergency, I hereby give permission for the medical personnel selected by the adult leader in charge to treat, hospitalize, secure anesthesia or to order injection, surgery or other treatment needed for the scout named herein.

Parent Name _____

(please print)

Parent Signature _____

Date _____

*Return form at a scout meeting, or
to Nancy Hopkins, 207 Northwood, Riverside.*